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MOTHER WIT AND CLERGY

There is an old English saying that "*an ounce of mother wit is worth a pound of clergy*", wit being the old name for intelligence and clergy for learning. With its acceptance of the Group Test of Intelligence, modern society has put this old belief into practice. Given a method of assessing intelligence, suitable for use on a large scale, it has seen fit to establish a set of values based upon intelligence rather than learning, upon *potential* rather than *actual* ability. It seems pertinent to enquire whether these tests do in fact measure intelligence and whether it is desirable to attach any great importance to an artificially segregated and artificially measured quality of mind.

Group Tests of Intelligence, first used on a large scale in the American Army during the last war, are now extensively used in this country: in the services, and in the selection of candidates for Grammar Schools and for certain professions, such as the Civil Service. The use of such tests is growing and it seems possible that they may one day guard the entrance to all our higher schools and Universities, so forming part of the inescapable lot of mankind.

To what extent these tests actually measure intelligence must depend not only upon the nature of the test used, but also upon our conception of intelligence. If we define intelligence as the ability to acquire and utilise concepts and divide it into its reproductive and productive aspects, then the majority of Group Tests are essentially measures of the latter quality: that is, they test the power of the individual to manipulate his own store of concepts in the solution of novel problems, rather than his power to store and reproduce knowledge as acquired from the outside. Indeed,

tests of acquired knowledge are avoided as far as possible and such knowledge as is presupposed (for instance, a knowledge of simple arithmetic and of the native tongue) is such that it can hardly have been avoided by an intelligent person. In consequence the results are largely uninfluenced by previous education, thus frustrating the efforts of the "crammer" and at the same time not handicapping the subject whose education has been neglected. Although the very nature and variety of the questions may defeat the educational formalist, we fail to believe that a teacher who acquaints his pupils with the various techniques used in the text is unable to influence the result. The questions tend to run true to pattern and a child well schooled in the art, say, of detecting absurdities, or of recognising similarities and dissimilarities between words or of completing series of numbers, has an advantage over the child who meets such problems for the first time in the examination.

The time factor plays an important part in determining the results. The time allowed is usually so short that many find for them: time rather than the difficulty of the questions is the limiting factor. The quick thinker is at an advantage—the slow thinker at a disadvantage out of proportion to his slowness, since realising his disadvantage, and being forced to work at an unaccustomed pace, he loses confidence. The time factor has been defended on the grounds that there is no quickness apart from that of general intelligence and that in fact the slow thinker is less intelligent than his faster counterpart. But slowness in making a decision or in solving a problem is not necessarily due to slowness of thought. The cautious individual who carefully and methodically weighs up all

the pros and cons before committing himself is at a disadvantage as is also the highly-gear'd imaginative individual who may find himself involved in difficulties beyond the ken of his more confident rivals. For instance, a question may contain an obvious absurdity which the normal person detects at once—but the hyper-intelligent may think of circumstances which justify the absurdity, and whilst busy sorting out his many ideas, solving his conflicts and expressing himself at length, his more confident brethren are racing ahead, piling up marks for themselves. In many professions this habit of investigating meticulously all the possible relevant factors before pronouncing an opinion is a valuable asset. Here it is penalised.

The tests are used essentially as tests of educative capacity and ultimately of performance in the outside world. Our acceptance or rejection of them must then depend upon how closely intelligence, so measured, can be related to performance. Since the latter depends upon many factors in addition to intelligence we can hardly expect this relationship to be close—a conclusion which appears to be borne out by observation. Of the factors largely neglected by the intelligence test we should like to draw particular attention to memory and effort.

Artistotle once said: "*persons who have good memories are apt to be slow of wit.*" Whilst not confirming this, experimental psychology has shown that there is no marked correlation between retentivity and intelligence as defined by intelligence tests. In other words, the reproductive and productive aspects of intelligence do not necessarily run parallel, so that the student who excels at manipulating his store of knowledge is at an advantage, whilst he who has a good memory is given no credit for it. Yet in some professions, proficiency depends to quite a large extent upon memory—a fact to which any student of, say, medicine or law can bear witness.

And what of effort—striving—the ability to

compensate for lack of natural gifts by sheer hard work? There are many who, coming near the middle of the class in intelligence tests, are able to maintain a persistently high standard of work in school, gain university scholarships and continue to do well at the university and in later life. Are such people to be considered intellectually inferior—less educable than certain of their more "intelligent" colleagues, who, proceeding to support a facile belief that "*they don't need to work 'cos they're clever*" show themselves incapable of any sustained effort—academic or otherwise? We do not maintain that all "intelligent" individuals are idle and that all "unintelligent" ones are by nature diligent and obviously the intelligent person who cares to apply his natural gifts can rise to heights unattainable by his less gifted rival, no matter how much effort the latter is prepared to expend.

There are limits to the process of compensation, but the performance of any individual—and hence his value to society—depends upon many variable factors of which intelligence is only one, and it is dangerous to attempt to prophecy ultimate performance upon this last quality alone. Useful as they are in dividing individuals into certain broad groups, intelligence tests are of a very limited value in drawing finer distinctions. By all means let us use our individual tests in segregating mental defects from the normal, but let us be exceedingly careful before we decide that A is more worthy of admission to some school or profession than B, simply because he happened to gain a few more marks in an intelligence test.

If we take the view that individuals should be classified according to our artificially defined standards of intelligence and if we neglect the fact that other factors play a rôle in determining performance, then we remove to a large extent an individual's power to control his own destiny. What, then, is the purpose in living and striving—for if we are all to be judged upon some intrinsic and unalterable quality of mind—our fate is sealed at birth?

In future contributions for an issue of the Journal should reach this office by the eighth day of the month preceding.

THE TRAINING OF A GENERAL PRACTITIONER

By WILLIAM EDWARDS

I was talking the other day to a surgeon, who is also an examiner, and the Dean of a Medical School (not Bart.'s), and he expressed some surprise and indignation at meeting several students up for their finals who had never seen a case of carcinoma of the tongue. He suggested that it was a very common condition, with which every student should be thoroughly familiar.

From the point of view of a man who has to train potential surgeons, he was undoubtedly right; but as a general practitioner it seemed to me a matter of minor importance to future G.P.'s. For carcinoma of the tongue is only rarely met with in general practice. If there is any doubt, it is a simple matter to get a second opinion; and no G.P. would dream of attempting to treat it. All a G.P. really needs is to remember the possibility every time he sees a sore tongue.

All of which led me to inquire what may be the subjects which really are of importance in training a general practitioner—and I suppose the schools do contemplate that some proportion of their students will be good enough to enter this most difficult field and acquit themselves with credit in it?

To this end, I have analysed two hundred cases actually seen in my own practice, which is a fairly representative, mixed general practice, including all classes of the community and people of all ages and both sexes. To make things fair, I have taken a hundred consecutive cases seen in February, 1946, a sickly season; and a hundred consecutive cases seen in August, 1946; which should be a comparatively healthy time of year. Apart from choosing the months, there has been no further selection, and the cases are just as I happened to see them, one after the other.

The February hundred can be classified thus:

Influenza	18
Bronchitis, pneumonia, pneumonitis and other causes of squeaks and bubbles in the chest	10
Dyspepsias, including 2 D.U.'s	9
Rheumatisms, various	7
Obstetric and gynaecological	6
Psychoneurosis 6, psychotic 1	7
Ear troubles	6
Tonsillitis	5
Heart disease	5
Mumps	4
Skin diseases	3
Minor operations	2
Epistaxis	2
Conjunctivitis	2
Migraine	2
Chlorosis	2
Sinusitis	1
Carcinoma 1, rodent ulcer 1, papilloma bladder 1, new growths	3

Enlarged prostate	1
Foot troubles	2
Dental cases	1
Herpes Zoster	1
Obesity	1

Now for the August list:

Trauma	13
Psychoneurosis	11
Obstetrics and gynaecology	10
Skin troubles	9
Rheumatisms (various)	7
Ear troubles	4
Heart diseases	4
Carcinoma 4, papilloma bladder 1	5
Bronchitis	3
Dyspepsias	3
Dental cases	3
Eye troubles	3
Disseminated sclerosis	2
Thyrotoxicosis	2
Whooping cough	2
Migraine	2
"P.U.O."	2
Minor surgery	2
Tonsillitis and pharyngitis	3
Mongol	1
Esophageal diverticulum	1
Thrombosed pile	1
Pyknolepsy	1
Ectopic testis	1
Gallstones	1
Subthyroid	1
Pernicious anæmia	1
Herpes Zoster	1
Innocent tumour of breast	1

I think even a cursory glance at these lists is interesting. Note that there is no case of acute appendicitis, nor of strangulated hernia, nor of perforated gastric ulcer. The G.P. does, of course, get surgical emergencies fairly often, but not every day of the week. It is vital that he should not miss such cases, and, as his experience of them in practice will be relatively limited, his training in recognising them should be unexceptionable.

The tail ends of both teams are of no significance except to illustrate the fact that at any time the odd case of any disease you like to think of will crop up and will expect something to be done about it. They really represent the leavening variety in what might otherwise tend to become a monotonous job.

But the bulky top ends of both list are, I think, tremendously important to anyone who may have to consider the sort of training a G.P. ought to get. Note that the infectious disorders of winter are largely counterbalanced by the extra cases of trauma in summer, when people are more free to get out into the healthy open air and to injure themselves. The 18 cases of 'flu might well be, a month later, 18 cases of measles, but are very unlikely to be 18 cases of scarlet fever, and quite certainly not 18 cases of diphtheria or of typhoid; which are quite as

rare as cases of carcinoma of the tongue.

Discarding the seasonal ailments, there is quite a striking similarity. Rheumatism; obstetrics and gynaecology; psychoneurosis; ear, nose and throat troubles; heart diseases, dyspepsia, and the occasional new growth, and still more occasional neurological case, make up the bulk of one's work, and the subjects in which one should try to be as expert as possible.

To return for a moment to the seasonal troubles which head both lists. When I qualified I had never been shown a case of measles, of whooping cough, of influenza. Doubtless things are better now; but these diseases do make up a very great part of a G.P.'s life, and a text book acquaintance with them is wholly insufficient. From a text-book one might gather that cancrum oris was a common complication of measles—I have never seen a case—and that otitis media should just be borne in mind—whereas otitis is the first thing one looks for in every measles case, before even bothering to go over the chest. I have heard influenza described as a "certificate disease" in which no treatment is needed; whereas it can be a very exhausting illness with considerable effect on the heart muscle, and may need a great deal of good doctoring.

Probably the student learns all he needs of the effects of trauma, and of diseases of the chest; but I feel that more emphasis needs to be placed on the acute epidemic disorders which he will have with him all his life.

Rheumatic disorders are with us all the year round. A few teachers are greatly interested in the subject, and their students may take after them, but it should not be left to chance, and attendance at a clinic specialising in the rheumatic diseases should be part of the curriculum, certainly taking precedence over major surgery.

Every G.P. should be a good obstetrician. He need not be able to do a Caesarian section, nor disentangle locked twins. He must be able to diagnose a presentation without error, to do a low forceps skilfully and abjure high forceps like the plague; he must be able to turn a posterior presentation, and to deliver a breech with extended legs without getting a third degree tear. He must, too, know something about analgesics, and I would suggest to him that gas-and-air often partakes of the effects of suggestion and nothing more, while if he will learn to give trilene-air really well, he will have at his command anaesthesia, analgesia or amnesia as he wishes. The G.P. need not be an operative gynaecologist; but he must be a good diagnostic gynaecologist, and expert at the simpler forms of treatment. The student, then, should miss no opportunity of getting his fingers in the pelvic cavity.

Laryngology is important, and a good knowledge of cardiology vital; but to avoid making this story too long, may I be a heretic about psychiatry?

About ten per cent. of one's cases, all the year round, are frankly psychoneurotic. I was taught, as a student, to exclude organic disease before diagnosing psychoneurosis. I don't know if this is still taught, but it is sheer nonsense. Nearly every psychoneurotic has a quite genuine organic disease. He may have an old coronary thrombosis, he may be a diabetic, he may have sciatica—he may have anything; but more often than not it is his attitude to his chronic organic disease, rather than his misadventures with his mother's nipple as a baby, which caused his psychoneurosis. What one has to find out is not that he has no organic disease, but that his symptoms are not due to his organic disease—and that is a very much more difficult thing to do.

It is, however, of the essence of the matter, because it is so easy to fall into error and to continue to treat a perfectly stationary and incurable organic complaint, while ignoring the patient's emotional attitude to it which is really causing all the trouble.

When doctors commit this error, and their patients get no better—that is when all these people begin to drift to quacks, and the quacks do get results because, whatever else they fail in, they never fail in giving strong suggestion.

Dealing with a psychoneurotic is a very difficult matter indeed, and three lectures with a handbook on the subject will not help at all. You need to have known him and his family for several years. You need to understand just how and why he cannot adjust himself to life. You need to realise that you will never cure him, and neither will the psychiatrist to whom you may, in desperation, send him. You send him to a psychiatrist when, being human, you can't stand him any longer—but you only do it to give yourself a holiday!

You don't, as a rule, employ hypnosis, psychoanalysis, narcoanalysis, electric shock therapy, or a quizz into his love life. You do, if you are sensible, concentrate on explanation, on reassurance, and on strong suggestion. You avoid hypnotising yourself by admitting that your treatment is quackery, and the better quackery it is, the better results you get. You gain the patient's confidence, and, while the curse is that you can never get rid of him, the blessing is that he has someone to lean on, a prop to see him through a difficult life and, with your help, he remains a useful member of society.

But ten years in general practice is the only training ground.

RUGBY SEASON 1946-1947

Season Tickets for matches at Chislehurst are now available from the Secretary of the Rugger Club, price half-a-guinea.

TWO CASES OF LARGE, SINGLE, ADENOMA OF THE KIDNEY

By W. M. KEYNES

In the majority of grossly fibrotic kidneys it is common to find small, circumscribed, masses of renal tubules devoid of glomeruli which form tumour-like nodules. In the fibrotic kidney the nodules are usually multiple and are pure adenomata, closely copying the structure of the normal renal tubules, or are cystadenomata or papillary cystadenomata. Such tumours may also be found in a fair number of normal kidneys, where they are usually single. In serial section the tubules comprising these tumours may clearly be shown to be in continuity with the normal renal tubules at one or several points, thus giving evidence of the tubular origin of the tumours and that the secretory tubular tissue of the adult kidney can proliferate and differentiate. Much more rarely an adenoma grows to produce a tumour mass as large as, or larger than, the kidney itself. Such large, single adenomata are encapsulated, often lobulated and are liable to become cystic and mottled by hæmorrhage. The cysts may be filled with watery, gelatinous, or blood-stained fluid. Two such cases are reported here.

Professor Hadfield (*Bart's Hospital Reports*, 72, 1939, pp. 241-267), in his description of *Tumours of the Kidney*, based on the specimens in the Hospital Museum, states that "when an adenoma of renal tubules has reached a certain complexity of structure it becomes potentially malignant." This perhaps explains the rarity of the large, single, adenoma of the kidney.

Of the seventy-four kidney tumours in the Hospital Museum in 1939, thirteen were adenomata and three papillary cystadenomata. These sixteen cases were equally distributed between the two sexes and their ages varied from 28 to 72. The usual symptoms were pain and/or a mass in the loin for a few weeks or even years before operation. One had a history of a few weeks of hæmaturia before operation. Four were accidentally discovered post mortem. The sizes of these tumours varied from 16×20 cms. (it was this case that had a history of hæmaturia) to 3.5×2 cms.

The chief symptoms of a renal tumour are a mild dragging pain, hæmaturia, and a palpable tumour. The first of the cases reported here,

a woman of 74, had a dragging pain and a palpable tumour, but no hæmaturia. Owing to the fact that the tumour apparently was not lying in the loin, and could not be moved back into the loin, and because there was an extremely misleading history, a misdiagnosis was made pre-operatively. This explains why certain investigations, such as a plain X-ray or intravenous pyelogram — investigations which would undoubtedly have shown a kidney lesion — were not made pre-operatively since a kidney lesion was not suspected at that time. This case shows how difficult the diagnosis of kidney disease can be. The second case, a woman of 23, had hæmaturia and back-ache, and a kidney lesion was shown pre-operatively.

CASE No. 1

The patient, a housewife, aged 74, was admitted to hospital 10/3/46 complaining of constipation. She had had mild constipation for 54 years, ever since the birth of her first child; one month before admission she had a continuous severe pain in the rectum all through one night, and next morning her doctor performed a manual evacuation of fæces. She was able to open her bowels the following morning after a strong purge. After that she had a bearable niggling pain in the rectum with a feeling of pressure, and also diffuse dragging pains in the abdomen, especially under the left costal margin. There was no history of malæna or the passage of mucus. She had a hysterectomy performed fifteen years earlier.

On examination the patient appeared pale. Her lungs and heart were normal, her pulse regular with a rate of 80 beats a minute, and her blood pressure 130 systolic over 90 diastolic. Her abdomen was distended, resonant and moved well; there was no guarding or free fluid present. On deep palpation there was a little tenderness below the right costal margin where a firm, smooth, mass with irregular lobulation but ill defined edges was palpable. This mass was mobile, separate from the liver and below it, and moved on respiration, but it was not possible to push it backwards into the

loin. The lower pole of the left kidney was also felt. The urine was clear and acid, and containing no albumen, blood or sugar. The hæmoglobin was 84% (Haldane) and the blood urea 31 mgm.%. X-ray examination showed clear lung fields except for a well calcified lesion in the right apex. A barium enema was not given for fear of obstruction. From these findings a pre-operative diagnosis of carcinoma of the hepatic flexure of the colon was made after considering such conditions as carcinoma of the stomach or gall bladder, renal tumour, hydatid cyst, etc., and it was proposed to do a hemicolectomy.

The operation of right nephrectomy was carried out on 14/3/46. Under general anaesthesia the tumour became more mobile and the previous diagnosis was queried. A right oblique incision was made over the mass and the tumour found to be retroperitoneal. The colon appeared normal, as did the left kidney on palpation. The right kidney was impalpable. The peritoneum was then incised in the paracolic gutter, the colon turned medially, and the tumour exposed. It was found to be growing from the right kidney and was removed with that organ. The wound was closed without drainage.

The patient made an uneventful recovery. The diffuse dragging pains in her abdomen ceased after the operation, but whether this was due to the operation or to having her bowels opened regularly whilst in Hospital, it is difficult to say.

Pathological report. The specimen was a greatly enlarged right kidney, the increase in size being due to a tumour mass $12 \times 10 \times 8$ cms. occupying the upper half. The tumour was irregularly lobulated and soft; on section it was fleshy pink and of a uniformly firm consistency, but near its centre was an irregular whitish area. The kidney was compressed round the tumour forming an apparent capsule; its lower half showed no naked eye abnormality and the pelvis was greatly distorted and compressed, but there was no clear evidence of infiltration. (Figure 1.)

Sections showed the tumour to consist of closely packed columns of large eosinophilic cells, many of which contained fat. There was no attempt to form tubules or alveoli. Some of the nuclei showed degenerative changes and the central whitish area was due to degeneration of the parenchyma and its replacement by connective tissue. The blood supply was not rich nor was there evidence of quick growth or infiltration of the kidney tissue or renal pelvis. (Figure 2.)

The tumour was a large, single, adenoma of the kidney.

CASE No. 2

The patient, a housewife aged 23, and four months pregnant, was admitted to hospital 2/4/46 with hæmaturia. During the week before admission she noticed blood in her urine constantly, there being some increase in frequency for micturition, accompanied by dysuria. Four days before admission she noticed an ache in the left lumbar region.

On examination the patient was a good colour. In her abdomen neither kidney was palpable; at first there was some tenderness in both renal angles but this ceased after the first day in hospital. The urine was smoky, acid, and contained blood, with a trace of albumen but no sugar. A centrifuge deposit showed blood cells, occasional white cells, was sterile on culture and a film of it showed no organisms. The blood urea was 32 mgm.%. The day after admission cystoscopy and a dye test were performed and appeared normal. The next day an intravenous pyelograph was performed which showed a space occupying lesion in the right kidney, a normal left kidney, and that both kidneys were functioning well.

The operation of right nephrectomy was carried out 10/4/46 under general anaesthesia. The right kidney was exposed through an L shaped incision in the right lumbar region (after removing half an inch of the twelfth rib) and was removed. The patient made an uneventful recovery.

Pathological Report. The specimen was a right kidney. Occupying its upper pole was a large fluctuant swelling $12 \times 7 \times 6$ cms., the surface of which showed patchy discolouration. On section the tumour was encapsulated and consisted of soft, yellowish material intermingled with blood clot. At its lower end there was a nodule of soft pinkish growth. The pelvis of the kidney was separated from the tumour mass by its fibrous capsule. (Figure 4.)

Sections showed the tumour to be an adenoma of the papilliferous type which had undergone extensive degenerative changes. The cells composing the tumour had an orderly arrangement and showed no mitotic figures. There was no evidence of infiltration of the kidney substance. (Figure 3.)

The tumour was a large, single, papilliferous adenoma of the kidney.

I wish to thank Mr. J. B. Hume and Mr. G. L. Keynes for permission to publish these cases. Also Dr. H. A. Magnus for his advice and for drawing my attention to the second case. The photographs were taken by Mr. E. V. Willmott, of the British Postgraduate Medical School photographic department.

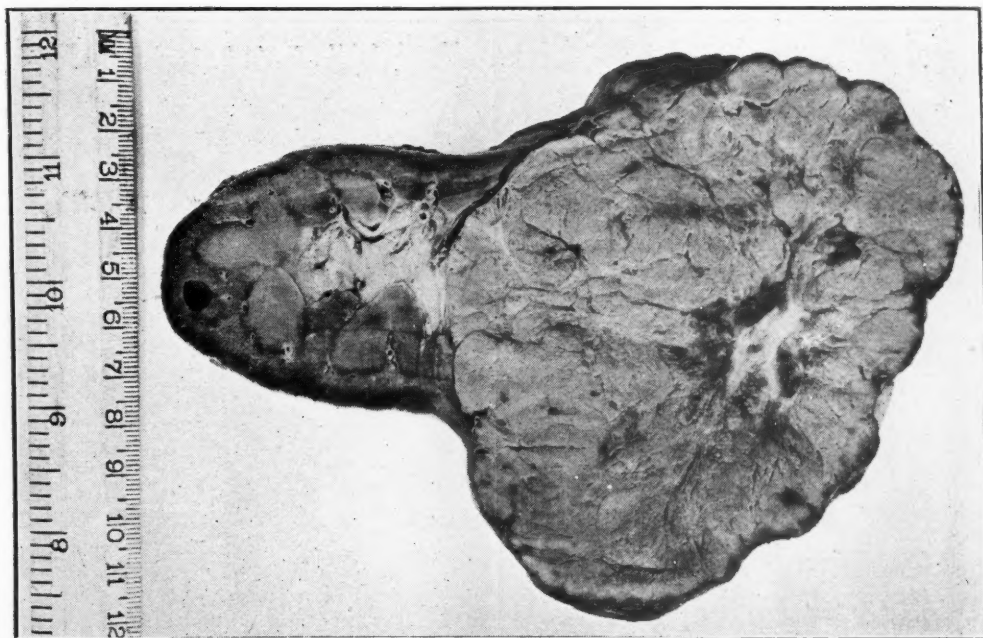


Figure 1. Section of kidney from Case No. 1—tumour on right.

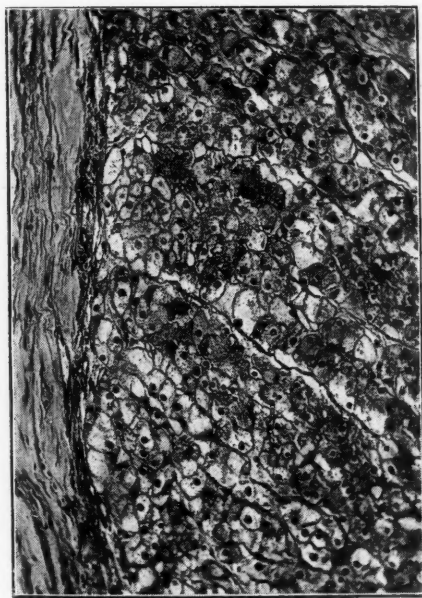


Figure 2. Section of tumour mass from Case No. 1 showing adenoma cells to right and compressed renal tissue to left. H. and E. $\times 112$.

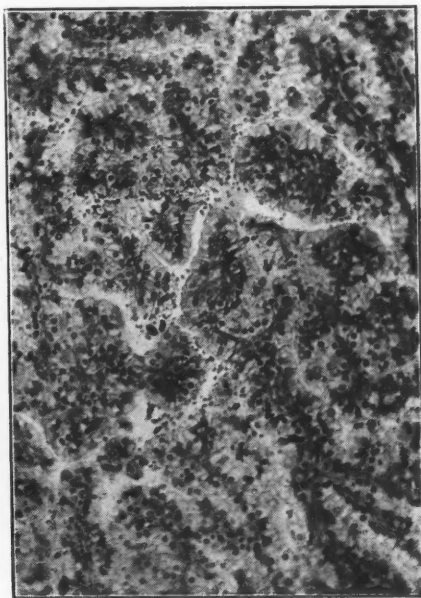


Figure 3. Section of tumour mass from Case No. 2 showing cells of the papilliferous adenoma. H. and E. $\times 112$.

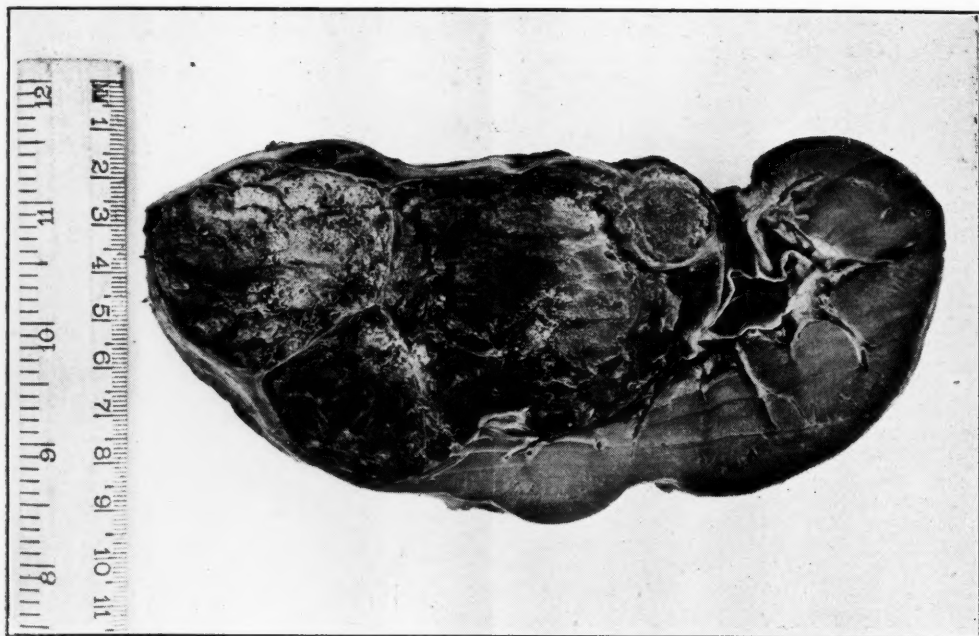


Figure 4. Section of kidney from Case No. 2—tumour to left.

CREEPING SICKNESS

Last month a past editor of this Journal sent me a warning. He told me of the horse-whippings which had been the everyday lot of gossip-writers in the past and counselled caution in picking targets for my gentle malice.

I thank him for this kindness and fellow-feeling. It is gratifying to learn that somebody has an interest in my personal welfare. For the moment, however, his anxiety is misplaced. In the presence of so many general idiocies and communal follies I have no need to risk my neck in the lampooning of bellicose individuals.

One may attack a wise man without rebuke. It is only if his institutions are assailed that he will rise in wrath with his friends. By contrast, one must duck after tantalising a solitary fool but may ride rough-shod over nincompoops in the mass. I dare not curse an individual for cadging my cigarettes, but I may say the most outrageous things against cigarette-cadgers in general. Numerous though they are, not one of them will answer back (except, perhaps, Mr. Glanvill, but he, thank goodness, has given up smoking). By responding they would be

admitting a fault of which they had not personally been accused; and that, as any magistrate will tell you, is not in human nature.

With safety, then, I can attack the Creepers. These are the yes-men, the favour-seekers, the products of an unnatural union between an old court-toady and a confidence trickstress. Their technique is sufficiently common knowledge for me to omit a detailed description. Their origins lie far back within the shades of time. In a Bart's Journal of 1905 was an article about "The Keen Man" who "striveth ever to be in the front row and taketh copious notes therein.—He carrieth not his stethoscope by stealth neither doth it shame him that he talketh shop in strident tones to his brethren in the public places of the city.—He cocketh his head at the physician saying Yea, Yea, verily it is præsys-tolic. Of the surgeon he asketh intelligent questions while yet he already knoweth the answer."

I do not greatly care what results they achieve. Ultimately, of course, they are after house-jobs. So is everybody else. That they

should imagine that such methods deceive our noble masters is curious but unimportant. But what does matter, and what makes me exceedingly cross, is the effect which this small group of nit-wits has had upon the relationship between students and their superiors.

"We are masterless students of unproven creeds" (E. Tent, '46). This somewhat sententious remark points out a great truth. Unfashionable as it may be to respect the judgment of our superiors, it is at present true that we lack personal contact with the senior staff of the hospital. Of the several causes of this defect the principal one is that nobody (except the Creepers) will talk to the poor honoraries. One sees them "wandering lonely as a cloud" about the precincts and talking shop in groups because, poor gentlemen, none of the really pleasant students like you or me will talk to them. We are scared that our friends will think that we too have joined the Creepers' Union. Smallness of mind starts the cycle and a bigger smallness is the result. I submit that we cannot develop our own vast intellects unless we converse with these Great Men. We have everything to lose by this bashful reserve, which is maintained only because a few wretched individuals think that they can oil

their way into house-jobs and the rest of us are foolish enough to believe them.

No names, no pack-drill (no libel-actions either). It would be fun to publish a list of Creepers. It would be even greater fun to publish a list of members of the staff who neglect their social duty to the students. Those same poor gentlemen whom we observed disconsolately lining the Square have unfortunately got tired of waiting. Nowadays the getting of a friendly good-morning from our masters is like drawing wisdom teeth. They are busy men, we know, and they are not bound to notice us at all, but if they were aware how much we would value a chance remark about the weather and the crops, if they would realise that we really are interested in their anecdotes and comments on the higher hierarchy, if, above all, they could understand that we love them for themselves as well as for what we think we can get out of them, then indeed they might think it worthwhile to spare us an occasional word.

An optimist I may be, but am I not right in looking forward to that enlightened era of the future when Great Men will even, on occasion, poke their noses into a cleaner and better A.R.?

EVELYN TENT.

NEVER SAY "NO" TO A SURGEON !

A NURSE'S REFRAIN

I must never say "No" to a surgeon—
To a surgeon I never say "No."

A Bart's nurse, I was taught,
If she does as she ought,
Will give of her best
To fulfil his request,
For she must efficiency show.
Yes, she must efficiency show.
If he says, "Fetch me this," I must find it.
Whatever he wants, I must get him.

It wouldn't be done
If, only in fun
I said with a smile
"You must wait for a while,"
For I'm told I must never upset him.
Yes, I'm told I must never upset him.
When he asks me to get him a trolley
All ready, with everything there,
I have to keep guessing—
Will he do a dressing,

Tap a chest, or transfuse—
How I *wish* he would choose;
For to ask him is more than I dare.
Yes, to ask him is more than I dare.
So far, I have always obliged him
For courtesy is my tradition.
One day he asked me,
"Will you come out to tea?"
And I must confess,
I from habit, said "Yes."
For I dare not forget my position.
Oh, I dare not forget my position.
Still I never replied in the negative
For the whole of my hospital life,
Till they gave me the sack
And I never went back.
For I dared to say "No Sir,
I'd much rather go, Sir,
Than agree to becoming your wife, your wife,
Than agree to becoming your wife."

IN OUR LIBRARY—V.

JAMES YONGE'S "OLEUM TEREBINTHINÆ," 1679

By JOHN L. THORNTON, Librarian

During the early days of surgery, several notable names arose from among the ranks of those following the armies in the field, or sailing as ship's surgeons. Both were hard schools, providing plenty of practice, with very primitive facilities for treating the severe casualties that were encountered, so that improvisation was necessary, and fertile brains evolved methods now considered as important steps in the history of surgical technique. Paré and Larrey among military surgeons, and Woodall and Clowes among naval surgeons, stand out as names associated with important writings on military and naval surgery, while there were many others, all pioneers in the field that taught surgery the hard way. James Yonge is rarely mentioned in histories of medicine, yet his career is typical of the early mariners who practised surgery, and his achievements are worthy of study even three centuries after the date of his birth.

He was born in Plymouth on May 11th, 1646, and before the age of eleven was apprenticed to Mr. Richmond, a ship's surgeon. In May, 1661, Yonge became surgeon's assistant to the "Montague," and was present at the action off Algiers. He returned to England the following year, and came to London to learn more surgery. On returning to Plymouth he bound himself as apprentice to his father for seven years, but before very long went to sea again, first visiting Newfoundland, and then voyaging to West Africa. On a subsequent trip he was captured by the Dutch, and taken to Amsterdam, until exchanged for a Dutch prisoner in our hands.

On returning to England, Yonge went into practice at Plymouth, but continued to study, and February, 1668, found him making a second voyage to Newfoundland. His return two years later was his final sea trip, and when a naval hospital was opened at Plymouth, James Yonge was appointed surgeon, while he also became deputy at Plymouth to the Surgeon General of the Navy. Visiting London in 1678, he met several fellows of the Royal Society, which led him to write his best-known book. Yonge held numerous offices, including that of Mayor of Plymouth, and in 1692 was appointed surgeon to the new dock at Hamoaze. He now came to London, attended the lectures of Edward Tyson, and presented himself as a can-

didate before the College of Physicians in 1702. The same year he was elected F.R.S., and he contributed several papers to the *Philosophical Transactions*. In 1703 he gave up most of his public work, and died on July 25th, 1721.

James Yonge's most important publication, the only work of his that we possess, is *Currus triumphalis à terebinthô. Or an account of the many admirable vertues of oleum terebinthinae. More particularly, of the good effects produced by its application to recent wounds, especially with respect to the hemorrhagies of the veins, and arteries, and the no less pernicious weepings of the nerves, and lymphaducts. . . . And lastly, a new way of amputation, and a speedier convenient method of curing stumps, than commonly practised, is with divers other useful matters recommended to the military chirurgeon [etc.]*, London, 1679, a most interesting little book, in the preface to which the author soundly rates those who steal the writings of others, and publish them as their own! In this book Yonge deals with the use of turpentine in arresting hæmorrhage, describes for the first time the flap operation in amputation, and also a contrivance similar to the tourniquet. Numerous case histories are given. Inside the cover of our copy the following information appears written in ink: "It has been said that Mr. John Hunter obtained his notions of the powers of Ol. Terebinth. in stopping hæmorrhages, from this little known work." The note further suggests that the books by Kentish on Burns and Scalds, and by Alanson on Amputation, "both . . . seem to have been founded on this treatise." Yonge's other writings include *Some considerations touching the debates, etc., concerning the Newfoundland trade*, 1670; *Wounds of the brain proved curable*, 1682, which is based on his own cases; *Medicator medicatus*, 1685; and *Sidrophel vapulans*, 1699.

Further information regarding the career of James Yonge is available elsewhere,* but the above reveals something of the achievements of a ship's surgeon, beginning his career at the age of eleven, and ending a life of devotion to surgery as the friend of Sir Hans Sloane, Walter Charleton, Edward Browne, Edward Tyson, and of Charles Bernard.

* See Munk William. *The roll of the Royal College of Physicians of London*, 2nd edn., Vol. 2, 1878, pp. 2-6.

ABERNETHIAN SOCIETY

151st SESSION 1946-1947

MEETINGS TO BE HELD OCT.-DEC. 1946

Thursday,

October 17. Prof. A. J. E. Cave on "The Contribution of Ancient Egypt to Anatomy and Surgery."

October 27. Medical Films.

November 7. Prof. J. Z. Young, F.R.S., on "Nerve Regeneration."

November 14. Clinical Evening.

November 28. Mr. Claud Mullins, Stipendiary Magistrate, on "Crime and Psychology."

December 5. Dr. E. F. Scowen on "Urinary Steroids."

December 12. Debate.

Meetings are held at 5.30 p.m., usually in the Anatomy Lecture Theatre, Charterhouse Square.

REVIEWS

INTRODUCTION TO CLINICAL NEUROLOGY.

Gordon Holmes, M.D., F.R.S., Edinburgh. E. & S. Livingstone, Ltd. Pp. 183. 12s. 6d.

The appearance of new textbooks dealing with aspects of medicine which have already received much literary attention is not always a matter for jubilation. There can however be very few of the large number of students of neurology who have been taught by Dr. Gordon Holmes who will not rejoice to find that he has given them in this small book a resumé of his teachings which the passing of years will leave untouched. This book can be confidently recommended to other students both undergraduate and post-graduate and can certainly be read with profit by all who may be called upon to investigate patients who may be suffering from disease of the nervous system.

The opening pages deal with the meanings of symptoms and signs and the examination of the patient. There follows a short discussion of pathological processes in the nervous system and the manner in which these give rise to disturbances of function. A series of excellent chapters then deal with the physiology and anatomy of the various portions of the nervous system. At intervals a chapter is interposed to describe the clinical examination of the systems thus considered. The fact that the author is both an outstanding neuro-physiologist and clinical neurologist makes this arrangement of great interest and value. Everything is good and nothing is omitted. Perhaps the sections dealing with the complexities of the extrapyramidal system, the place of the cerebellum in the performance of voluntary movement, sensation and the patient's mental state are particularly valuable. The autonomic nervous system is not excluded.

This book will recall vividly the teaching of Dr. Gordon Holmes to those who have had the opportunity of attending his classes. For others it provides in small compass a crystal-clear account of these aspects of neuro-anatomy and neuro-physiology which are of clinical importance, and it indicates the methods of application of this knowledge in the examination of the patient. There is little doubt as to the high place which the work will occupy in the medical literature of the English-speaking world.

There is a debt of gratitude to Dr. Holmes for crystalizing in this way his immense knowledge of clinical and experimental neurology.

PRACTICAL HANDBOOK OF MIDWIFERY AND GYNÆCOLOGY, 3rd edition, by W. F. T.

Haultain, B.A., M.B., B.Ch., F.R.C.P.ED., F.R.C.S.ED., F.R.C.O.G. Obstetrician and Gynaecologist to the Royal Infirmary, Edinburgh.

and Clifford Kennedy, M.B., Ch.B.ED., F.R.C.S.ED., F.R.C.O.G. Assistant Gynaecologist to the Royal Infirmary, Edinburgh. E. and S. Livingstone, Ltd., Edinburgh. Pp. 288. 20s.

This is a handy synopsis of obstetrics and gynaecology chiefly designed for the final year student about to take his qualifying examinations. It represents the standard teaching of the famous Edinburgh obstetric school and as such it will be equally acceptable to the examining bodies in England. It is not intended to supplant standard textbooks of obstetrics and gynaecology but rather as a supplementary handbook for revision after the rudiments of the subject have been mastered.

Apart from the use of chloroform in obstetrics—of which the Edinburgh school has always been enamoured and in the use of which it is particularly expert—there is little to criticise in the book. Chloroform, however, is a dangerous and often lethal drug and carries with it a risk of severe or fatal cardiac failure, post-partum hæmorrhage and atrophy of the liver. It is most unsuitable in toxæmic cases and very dangerous if administered on two separate occasions; the best English obstetric thought very rightly condemns its use.

SOME CHAPTERS IN CAMBRIDGE MEDICAL HISTORY. Sir Walter Langdon-Brown. Cambridge University Press. Pp. 119. Price 6s.

During the last few years, Sir Walter Langdon-Brown, Emeritus Regius Professor of Physic in Cambridge University, delivered a series of papers before the Royal Society of Medicine. He has now remodelled these and issued them in this pleasant volume.

Round a central theme of a few great men, Sir Walter has written chapters in which, as he writes, "a thread of continued progress, albeit tenuous at times, can be traced." Until the nineteenth century medicine in Cambridge centred upon these men and thrived on their accomplishments, but after that time the stage widened and the last two chapters describe the remarkable rise of the medical school at Cambridge and the personalities and achievements of the men responsible. There is purposely little written in this book on William Harvey for "he is too well-known for inclusion in this small work."

"John Caius and the Revival of Learning" and "William Gilbert and the Dawn of Experiment" are the titles of the first two chapters. It is of interest that Caius, although not a Bart's man, owned a house, in which he died, on part of the site of the present pathological laboratory in Bart's, his viscera being interred in the church of St. Bartholomew-the-Less. Gilbert, more famous for his book, *De*

Magnete, than as a physician, applied his physics to medicine and combatted the influence of astrology on medicine. Following is a chapter on Francis Glisson, who established a biological approach to medicine, especially the co-ordination of clinical findings with morbid anatomy. "The Age of Reason" with William Heberden's effort to rationalise therapeutics is next dealt with. Heberden described many things besides his nodes (to which he himself attached little importance), and left many wise commentaries amongst his writings. In that age also Addenbrooke's Hospital was founded. John Haviland was the first to start a regular course of lectures in pathology and medicine at Cambridge and to make the medical examinations a real test. For this he is given credit in "John Haviland and the Beginning of Reform."

The great triumvirate of George Paget, Humphry, and Michael Foster, along with some of their pupils and brilliant appointments, are described in the penultimate chapter, many of them from personal experience. The last chapter is on "the Transition from the Nineteenth Century" and describes Sir Clifford Albutt, for whom the author is able to show his great personal admiration and draw a delightful portrait. Albutt was the man to whom in later years Sir William Osler was able to say "... of you, when young, the old listened as eagerly as do now, when old, the young."

At the end of this interesting and well-written book is a list of references, which conceals by its brevity the width of Sir Walter's erudition.

HANDBOOK OF MEDICINE FOR FINAL YEAR STUDENTS, G. F. Walker, M.D., M.R.C.P. 3rd ed. Pp. 311. 21s. Sylvio Publications, Ltd.

This is the third edition of a work which first appeared in 1931, its object and scope are suggested by the title, but the author is at pains to emphasise that it is not "just another synopsis" but a handbook of practical bedside medicine for senior students and practitioners doing hospital work or revising for higher examinations. The first section of the book

consists of an abbreviated scheme of physical examination; but the major part takes the form of a survey of general medicine under such headings as "Dyspepsia," "Involuntary Movements," "Septicæmia," and "Endocrine Disorders." There are five pages on psychological medicine and a note on medical ethics and etiquette.

Of the making of medical synopses there is no end; but so great are the difficulties involved that few of the products of such industry can be greeted with unqualified approval. A special responsibility rests upon the compiler of a handiwork for final year students, for the latter have generally neither the time nor the experience to make a critical evaluation of the available text-books, and clutch hopefully at anything which seems to point an easy way through the qualifying examinations. The volume under review is not a "cram" book, it makes no claim to comprehensiveness, and must therefore, like any other anthology, stand or fall by the wisdom with which its contents have been selected, and their intrinsic value. Few will quarrel with Dr. Walker's choice of material; the vast majority of common and important diseases are included, and no space is wasted on clinical rarities. On the other hand, there is an unfortunate tendency to introduce such statements as (in reference to urine examination) "sugar is, of course, very important," which are of no value whatever in a book for final-year students. Some definitions are unsatisfactory ("the apex beat ... is that point on the chest wall where the cardiac impulse is at its maximum") and some explanations are obscure and unhelpful (in pernicious anæmia "The hæmoglobin is indeed reduced, but not to an extent commensurate with the corpuscular lack. Hence the hæmoglobin content of a corpuscle is high and the 'colour index' is said to be increased"). Nevertheless, as an aid in sifting the essential from the unessential, the book will be of value to the student; one could recommend it more wholeheartedly if the price were less disproportionate to the size and the general quality of production.

A FAREWELL PARTY

On the evening of July 30th, Dr. and Mrs. A. C. Roxburgh were entertained to dinner at the Martinez Restaurant by the staff of the Skin Department.

In one way it was a solemn occasion, for the Dinner was held to pay a tribute of loyalty, affection and gratitude to a very popular Chief whose retirement was imminent; but although this thought was present in the minds of all who attended, it was not allowed to dull the enjoyment of the evening, the opening stages of which were enlivened by a running fire of chaff and commentary concerning some photographs which had recently been taken illustrating the work of Dr. Roxburgh's Department.

As the accompanying illustration shows, the photogenic qualities of dermatologists have to be seen to be believed, and the more intimate "stills" of the Chief—*nez à peau* and lens to eye—searching for *Sarcoptes scabiei*, or with furrowed brow scrutinising a patient's case sheet and obviously thinking "What the dic-

kens do I do about this?" were vignettes which would bring a smile of happy recollection to many a Bart's man who had sat and watched and listened whilst Dr. Roxburgh has taken his clinics.

The Dinner passed quickly, and then the serious business of the evening commenced. Dr. H. Corsi first read a letter from Dr. Adamson, former Chief of the Department,—who much regretted his inability to attend the Dinner, and sent his good wishes to Dr. and Mrs. Roxburgh—and then delivered a speech which was memorable for its wit, delivery, comprehensiveness and brevity. Dr. Corsi paid tribute to Dr. Roxburgh's capacity for leadership, and referred especially to his aptitude for undertaking for long periods a tremendous burden of work, whilst maintaining an enviable equanimity, an unimpaired sense of humour, an ability to inspire his colleagues, and a zest to obtain the fullest co-operation from the patients.

He discussed many important items of the

work at Bart.'s, and innovations for which Dr. Roxburgh was responsible, such as the introduction into this country of Wood's light for the rapid diagnosis of ringworm of the scalp and the manufacture of Thorium X, previously only prepared in France and Germany. He mentioned the duties outside Bart.'s which the Chief had undertaken: the Presidency of the British Association of Dermatology, and of the Dermatology Section of the Royal Society of Medicine; the Editorship of the British Journal of Dermatology; the creation and maintenance through seven editions of a most successful textbook on dermatology; the work at the Masonic Hospital, St. John's Hospital for Diseases of the Skin, where he had been Dean for some years, and Wellhouse Hospital; his interest in photography. Having dealt with these and other matters, Dr. Corsi then referred in many ways to Mrs. Roxburgh's able assistance of her husband's work, and the interest which she had always taken in the Department. The toast of Dr. and Mrs. Roxburgh was drunk with acclamation, and the Chief then rose to reply.

Dr. Roxburgh sketched the history of the Department from its opening by Dr. Reginald Southey (of the tubes) and Dr. Andrew in 1868, to his own advent as Physician of the Department in 1928. As it is hoped that he will publish this part of his speech, it will not be recorded here. He thanked Dr. Corsi and his other Assistants—those who had passed to further duties, and those who remained with the Department—for their loyalty and devoted work, and for the help they had given him. He welcomed the presence that evening of Sister M. D. Coates and Miss I. Bollen, both of whom had done so much for the success of the Department, and Miss K. D. Thompson, whose knowledge of ultra violet ray therapy and wizardry in sorting patients' cards were indispensable features of the Clinic. He knew that all would give his successor the same loyalty as they had given him.

Other toasts were proposed and drunk, Dr. Bernard Green made a neat speech on behalf of the Junior Assistants; Dr. and Mrs. Oakley were congratulated on Dr. Oakley's recent appointment as Honorary Dermatologist to the



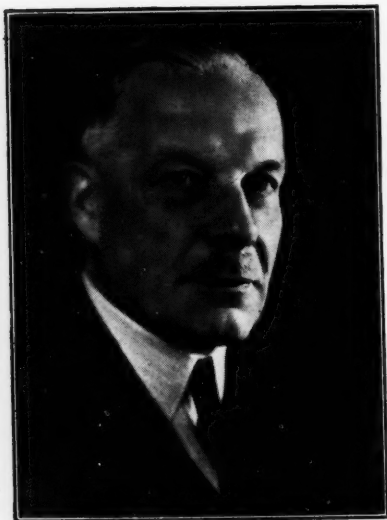
"What the dickens do I do about this?"

Wolverhampton Royal Hospital; Dr. and Mrs. Forbes were honoured in a toast; Dr. Robert Klaber's memory was honoured, and Dr. R. M. B. MacKenna was congratulated on his appointment to the staff of St. Bartholomew's Hospital.

The evening passed all too quickly, and will long be remembered by all who were present. These included Dr. and Mrs. A. C. Roxburgh, Miss I. Bollen, Dr. H. Corsi, Sister M. D. Coates, Dr. and Mrs. J. M. Forbes, Dr. B. Green, Dr. C. V. Henriques, Dr. R. M. B. MacKenna, Dr. and Mrs. D. E. Oakley, and Miss K. D. Thompson.

OBITUARY

WILLIAM McADAM ECCLES, M.S., F.R.C.S.



William McAdam Eccles died on May 30th, where he was happy to be, in St. Bartholomew's Hospital. Among his papers he left a memorandum, as usual exquisitely typed in black and red, setting out all the facts of his life down to the year 1944. Knowing my father I am sure that he included everything which he considered of importance. There are only two themes in a record of seventy-seven years: medicine and religion.

He was born in 1867, the son and grandson of Bart.'s men. Educated at University College School and University College, he qualified at Bart.'s in 1890, and the same year was appointed house surgeon at the West London Hospital, where in 1896 he helped to found the Post-Graduate School. He was a house-surgeon at Bart.'s in 1891, and was elected Assistant Surgeon in charge of the Orthopaedic Department in 1903, Surgeon in 1912, and Consulting Surgeon and a Governor in 1927. The list of lectureships, honorary secretaryships and other offices which he held at Bart.'s fills almost a quarto page. It shows that he took great interest in the nursing staff, and that for a number of years he was co-editor of the Bart.'s JOURNAL. Since he became a governor he spent much time in helping to raise money for the Hospital. But his passion was the teaching of anatomy. He was always ready and able to make plain to anyone, grown-up or child, just how their knees work or what and where the appendix is. To speak or write in

an obscure or highbrow way about your own subject was to him an offence against the truth, and many of those whom he taught have written with gratitude about his skill as a lecturer.

His colleagues agree that he was a careful, unhesitating and competent operator. Such a description fits well with his love of accuracy, and his serene mind, which was so seldom uncertain what it was best to do in any situation, however unexpected. He gained many academic distinctions, of which the Gold Medal, awarded when he became a Master of Surgery in 1894, was his most prized possession. Once he was forced to pawn this medal, and he liked to refer to this lean time as proof of the risk and adventure which a man runs when he takes a large house in Harley Street before he is thirty, without any money of his own, and just starting a family. In those early days my mother and he made both ends meet, she by letting rooms, and he by coaching medical students. Far from regretting the struggle, he criticised the Health Bill because he feared it would be administered in such a way that salaried mediocrity would soon replace the opportunity to win a name and a competence in private practice.

Readers of the JOURNAL know the immense interest which my father took in the B.M.A. He did so, not just because he enjoyed committee work, which he obviously did, but because he had a settled belief in the value of a professional tradition. Being a profoundly religious man he could not help seeing the great story of past and future as a single whole, and consequently he put a just value on the teamwork necessary to maintain the unity and spirit of a profession.

The Presbyterian Church in George Street, Marylebone, knew him as member, deacon, elder and speaker on Sunday afternoons for over fifty years. He read the Bible constantly, and was always on the look out for modern versions, which he hoped might enable ordinary people to understand better the truths it contains. In his own mind he was clear, with a clarity incomprehensible to many of us, exactly what the relation between God and man is. It was part of his nature to hold and act upon the conviction that all men and women are equally God's creatures, so that he spoke to the hall-porter and to the Prime Minister in precisely the same tone and words, and would refer to two such conversations with a completely unconscious impartiality. At the same

time he was an austere man, who had set himself somewhat unfriendly limits of behaviour. He neither smoked nor drank nor swore. Of these three self-denials his children considered his restraint of language much the most remarkable. Once and once only he was heard to utter a word of abuse. He called a public personage a skunk. This unique lapse occurred about the year 1924 and is a landmark in our family history.

With such beliefs and principles it was natural that he should devote much time to missionary work, and to the Temperance Movement. He was certain that the health of the body and the health of the soul are just two sides of one thing, so that a medical missionary was at once the most satisfying and the most important career he could conceive. Alcohol damages the body: a damaged body is a bad partner for a Christian soul. That was his argument; and he put it forward uncompromisingly without thought for the possible consequences on his own popularity in an easy-going society. His intimate friends were few, but his

sympathy with every chance acquaintance gave him all the personal contacts he desired. His heart was in his church and his hospital, and as the record shows, he gave his best to both.

In 1895 he married Anna Coralie Anstie, daughter of Benjamin Anstie, J.P. of Devizes. They had five children, of whom the eldest son died of wounds in 1916 and the second from illness contracted in the same war. His wife and daughter both died before him. In the war just ended he organised a model Aid-Post in Marylebone, stayed in his bed through every air-raid when he was not on duty, retired from London and most of his committees in March of this year, was taken to Bart.'s within a fortnight, continued to the limit of his strength to assist in the preparations for the Centenary Celebrations, was overjoyed to learn of their success, and lived another three weeks, cared for by the doctors and the nurses whom he thought the best in the world.

This obituary was kindly written, at our request, by Mr. David Eccles, M.P., son of the late Mr. McAdam Eccles.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

(Bart.'s men are invited to send details of papers, etc., published by them to the Librarian for inclusion in this list. Reprints also are welcomed, and are filed permanently in the Athenæ Collection.)

BEARD, A. J. W. "The anæsthetist and the care of the surgical case." *Brit. Med. Bull.*, 4, ii, pp. 114-120.

*BIRDSALL, S. E. "The treatment of suppurative otitis media." *Post-Grad. Med. J.*, May, 1946, pp. 144-146.

CHALKE, H. D. "Typhus: experiences in the Central Mediterranean Force." *Brit. Med. J.*, June 29th, 1946, pp. 977-980; July 6th, 1946, pp. 5-8.

*COCKAYNE, E. A. "Dwarfism with retinal atrophy and deafness." *Arch. Dis. Childhood*, March, 1946, pp. 52-54.

CULLINAN, E. R. (et. al.). "Description of an outbreak of beri-beri." *Quart. J. Med.*, April, 1946, pp. 91-105.

FIELD, E. J. "The early development of the sheep heart." *J. Anat.*, April, 1946, pp. 75-87.

*GARROD, L. P. "La pénicilline." *Revue Medicale de Louvain*, 1945, No. 22, pp. 337-352.

— "The nature of meningitis following spinal anaesthesia, and its prevention." *Brit. Med. Bull.*, 4, ii, pp. 106-108.

* — (and B. Sureau). "Role du laboratoire au cours d'un traitement par la pénicilline."

Semaine des Hôpitaux de Paris, January 14th, 1946, pp. 1-7.

HEWER, C. L. "Curare." *Brit. Med. Bull.*, 4, ii, pp. 110-111.

— "Trichlorethylene as an anæsthetic agent." *Ibid.*, 4, ii, pp. 108-110.

MACFARLANE, R. G. (and J. Pilling). "Anticoagulant action of soya-bean trypsin-inhibitor." *Lancet*, June 15th, 1946, pp. 888-889.

— (and J. R. O'Brien). "The rationale of the blood sedimentation rate." *Practitioner*, July, 1946, pp. 1-12.

OBERMER, E. "Calcium and phosphorus-metabolism in pregnancy." *J. Obstet. and Gynæ. Brit. Emp.*, June, 1946, pp. 269-277.

O'BRIEN, J. R. See Macfarlane, R. G. (and J. R. O'Brien).

RAVEN, R. W. "Cancer of the stomach." *Med. World*, July 5th, 1946, pp. 647-650.

— "Cancer of the colon." *Ibid*, July 12th, 1946, pp. 683-686.

ROXBURGH, A. C. "Poikiloderma Jacobi? Atrophic lichen planus." *Proc. R.S.M.*, 39, June, 1946, p. 479.

— "Patchy punctate pigmentation." *Ibid*, June, 1946, pp. 479-480.

SMART, J. "Complete congenital agonesis of a lung." *Quart. J. Med.*, April, 1946, pp. 125-139.

* Reprint presented to the Library by the author.

UNIVERSITY OF LONDON

EXAMINATION FOR THE ACADEMIC POSTGRADUATE DIPLOMA IN
MEDICAL RADIOLOGY. JUNE and JULY, 1946

Mandelstam, M.

SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES. JULY 1946

Albright, S. W.	Connell, P. H.	Jones, H. D.	Slonims, A. M.
Bapty, A. A.	Cox, W. H. A. Chave	Jones, K.	Smith, G. C.
Batey, I. S.	Cracknell, D. D.	Jones, R. F.	Taylor, W. N. A.
Beale, I. R.	Dick, D. G.	McDonald, I. R.	Thomas, G. E. M.
Bloom, M.	Fildes, P. G.	McKinna, C.	Thomas, J. W. I.
Brooks, W. V.	Gill, R. B.	Manning, G. E.	Watkins, D.
Brown, B. St. J.	Goodspeed, A. H.	Mercer, M. H.	Watson, L. P. E.
Bouton, M. J.	Green, A. N.	Mules, R. J.	White, W. T.
Bowers, K. E. J.	Gretton, A. H.	O'Reilly, P. B.	Whittard, B. R.
Caplan, J.	Heckford, J.	O'Sullivan, D.	Wilkinson, B. R.
Chuck, V. R.	Hodgson, D. C.	Price, M.	Williamson, P. J.
Cohen, N. H.	Holbrook, B. W.	Rushton, D. H.	Wilson, M. S.
Cohen, M.	Hooker, D.	Sims, A. J.	Wyner, S. E. A.
	Jarvis, H. C. M.		

SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES. JULY 1946

Andrews, J. D. B.	Jones, N.
Brandreth, T. K.	Koster, H. G.
Brest, B. I.	McCloy, J. W.
Capstick, N. S.	Menon, J. A.
Carter, F. G. T.	Pedersen, D. L.
Colquhoun, J.	Rohan, R. F.
Cox, I. S.	Stanton, T. J.
Davies, W. H. G.	Steinthal, F. G.
Dickerson, R. P. G.	Studdy, J. D.
Facer, J. L.	Thomas, W. C. T.
Griffiths, J. D.	Wilkinson, W. H.
Hardy, C. G. J.	Wright, A. N. H.
Holland, W. G.	

THE ROYAL COLLEGE OF PHYSICIANS

F.R.C.P. APRIL 1946

Black, K. O.	Linder, G. C.
Hayward, G. W.	Parsons, F. B.
Avery Jones, F.	

M.R.C.P. APRIL 1946

Behr, G.	Royston, G. R.
Cates, J. E.	Thursby-Pelham, G. C.
Cochrane, J. W. C.	Williamson, D. A. J.
Dalton, I. S.	

GOULSTONIAN LECTURER 1947

Dr. F. Avery Jones has been elected Goulstonian Lecturer for 1947.

HOCKEY

As we start a new season it may be of interest to survey our prospects in the light of last year's achievements.

The most notable of last year's events was undoubtedly the winning of the Inter-Hospitals Cup. This we did for the second consecutive season, and as our last victory was in the first post-war tournament we now possess the cup.

Our Captain, A. E. Fyffe, also captained London University and the United Hospitals, and our success as a team was largely due to him, who, with W. A. Oliver, our right-back and a past Captain of Hockey, and R. H. Ellis, our goalkeeper, will be sadly missed when we defend the cup in 1947. Fortunately, however, we still have the services of J. E. R. Dixon, who played regularly for London University and the United Hospitals and was reserve for English Universities.

It was a great loss that A. E. Dossetor, elected Captain, was unable to play through ill-health, but we were glad of his support from the touchline.

Of last season's regular 1st XI players we have:

LAWN TENNIS

The Annual General Meeting of the Lawn Tennis Club was held in the Abernethian Room on April 5th. Mr. Fraser was unfortunately prevented from taking the chair, but the meeting, receiving his consent, continued, and the following officers were elected to the Club:—

Captain, E. D. Marsh.

Vice-Captain, A. J. McDonald.

Secretary, T. A. J. Prankerd.

Assistant Secretary, P. A. M. Weston.

It was decided to run a 2nd VI throughout the season, and the hope was expressed that some Preliminaries would be forthcoming to support the teams. Twenty-one matches were arranged for the 1st VI, and twelve for the 2nd VI.

As can well be understood from the behaviour of the weather this summer, many of these had to be scratched, and it was not until July that much practice was obtainable. In spite of this, however, the 1st VI have distinguished themselves by reaching the finals of Inter-Hospital Cup. Receiving a bye in the first round, U.C.H. became our opponents in the second round, and a victory of 15 matches to love was obtained over them at Chislehurst on July 13th. Up to then three matches only had been played; the first against Imperial College was lost 3 matches to 2, the second against St. Thomas's Hospital was won 7 matches to 2, and the third against Middlesex Hospital was lost 3 games to six.

A team from Vauxhall Motor Works, Luton, came down to Chislehurst to play us on July 14th; they proved to be the better by winning 8 matches to 1. Mr. Fraser produced a "qualified" team on the following Saturday and a very enjoyable match was played, his victory being decided only by the last match. It was hoped that we should be able to play a return at some later date and attempt to regain our prestige, but this unfortunately proved impossible. The following week we defeated U.C.H. 6 games to love.

After indescribable difficulties in finding a suitable day on which to play the third round of the Inter-Hospital Cup, we succeeded eventually in playing it on September 7th. A week of continual rain had almost submerged the courts, but there appeared on the Saturday a few hours of sunshine, and by playing during these, and stopping during the showers, we managed to gain a victory over St.

M. D. Mehta, A. McDonald, J. Platt, H. McC. Giles, E. D. Marsh and J. E. R. Dixon; while amongst the newcomers are J. B. Dossetor, last season's Oxford captain, and G. Hurst, who played for Cambridge before the war and has just returned from the Services. So we hope to field a fairly strong side.

We were very glad of the encouragement of our President, Professor J. Paterson Ross, and hope that next season more of the Hospital will follow his excellent example in supporting the Hockey Club.

The 2nd XI was run ably by P. Osbourne (Captain) and R. King (Hon. Secretary), and did well despite a lack of regular players. This season, however, with the return of the Preliminaries to London, it is hoped that the 2nd XI will extend its activities, for the 2nd XI of today is the first XI of tomorrow.

The following were awarded their Hockey Honours: W. A. Oliver (Old Honour), A. E. Fyffe (Captain), J. E. R. Dixon (Hon. Secretary), R. H. Ellis, H. McC. Giles, E. D. Marsh, M. D. Mehta, and A. E. Dossetor (honorary award).

Thomas's Hospital. The sight of the courts at the end of the day must have been anathema to Mr. White, and it was decided to play the finals against Guy's on the following Wednesday on hard courts.

They were played on Regents Park hard courts, and it was pleasant to see some supporters from our own Hospital watching. Marsh is to be congratulated on his very fine win in the singles against Dwyer, undefeated this year. The Cup went to Guy's by 8 matches to 4, the results being:—

SINGLES

E. D. Marsh beat P. Dwyer, 2-6, 6-4, 6-3.

T. A. J. Prankerd lost to K. Kong, 3-6, 6-8.

R. A. M. Weston beat E. Fillose, 6-3, 3-6, 6-1.

N. Winstone lost to I. K. Fry, 6-4, 1-6, 5-7.

M. D. Mehta lost to P. Carton-Kelly, 2-6, 4-6.

A. J. McDonald lost to K. Hume, 3-6, 6-3, 4-6.

DOUBLES

E. D. Marsh and A. J. McDonald lost to B. Dwyer and K. Kong, 6-3, 3-6, 2-6.

T. A. J. Prankerd and N. Winstone lost to I. K. Fry and K. Hume, 4-6, 3-6.

T. A. J. Prankerd and N. Winstone lost to P. Carton-Kelly and E. Pellore, 0-6, 8-10.

P. A. M. Weston and M. D. Mehta beat E. Fillose and P. Carton-Kelly, 6-0, 6-1.

P. A. M. Weston and M. D. Mehta lost to I. K. Fry and K. Hume, 6-4, 1-6, 1-6.

Other 1st VI matches played have been against St. George's Hospital and St. Mary's Hospital; the former of which was drawn and the latter won.

The 2nd VI has likewise suffered many of its matches being scratched, but they succeeded in winning three and lost only one.

Our many thanks are extended to Mr. White for all the trouble he has taken over the courts, which have been in excellent condition, and also for the tennis balls he obtained for the matches.

The following have played for the 1st VI:—E. D. Marsh, G. Giri, P. A. M. Weston, T. A. J. Prankerd, M. D. Mehta, A. J. McDonald, L. W. Clarke, L. Cartledge, B. Davies.

The following have played for the 2nd VI:—J. Portelly, H. A. Evans, D. Bradford, A. Wells, W. Newman, B. Reiss, G. Hirst, I. Proctor.

We apologise to the Lawn Tennis Club for not having inserted this notice before.

CHANGES OF ADDRESS

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 WILSON, HAROLD W., to Weasel Score, St. Olaves, Nr. Gt. Yarmouth. Tel.: Fritton 223

ANNOUNCEMENT OF DEATH

ROBERT WILLIAM JAMESON, M.D., D.P.H.

On July 30th, 1946, at 33, Beckenham Road, West Wickham: ROBERT WILLIAM JAMESON, M.D., D.P.H., Barrister-at-Law.

Dr. Jameson was an authority on the differentiation of the two kinds of small-pox and author of: "The Present Position of Smallpox," 1927; "Notes on Variola Major and Minor," *Lancet*, 1930; "Smallpox and Vaccination—a Heterodox View."

ANNOUNCEMENT OF BIRTH

BROOKER. On August 27th, 1946, at Hammer-smith Hospital, to Kathleen, wife of Dr. A. E. W. Brooker, a son—John.

WELLS-COLE.—On June 15th, 1946, at Lincoln, to Peggy (née O'Neill), wife of Gervas H. Wells-Cole, a second son.

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